



ARKANSAS STATE BOARD OF DENTAL EXAMINERS

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PERMIT APPLICATION FOR A MOBILE DENTAL FACILITY

Please type or print.

Name of Dentist Who is Operating the Mobile Dental Facility

Office Address: (No PO Box)

City

State

Zip

Office Phone Number

Alternate Phone Number

Arkansas Dental License Number

Email Address

Please submit a check/money order in the amount of \$5,000 along with this application and supporting information as required on the attached checklist.

In addition to the foregoing:

1. I hereby give my permission for the Arkansas State Board of Dental Examiners to secure information concerning me or any of the statements in this application from any person or any source the Board may desire.
2. I further agree to submit to questions concerning my qualifications as an applicant by the Board or any member thereof, and to substantiate my statements if desired by the Board.
3. I have attached a check or money order in the amount of **\$5,000.00** to cover the application fee.
4. I agree to read the Dental Practice Act of Arkansas and the Rules & Regulations of the Board pertaining to Dentistry and Dental Hygiene. I also agree to abide by the Rules as set forth in Act 414 (*"an act to allow the operation of mobile dental facilities under the authority of the Arkansas State Board of Dental Examiners"*).

Signature of Applicant/Operator

MOBILE DENTAL FACILITY CHECKLIST

1. Basic Requirements for Applicant:

- a. \$5,000.00 payment to the Arkansas State Board of Dental Examiners.
- b. Full name, address and telephone number of each dentist and dental hygienist who will work in the Mobile Dental Facility.
- c. Proof of insurance from a licensed insurance carrier that the Operator has in force at least \$1,000,000 of general liability insurance.
- d. The address and official telephone number of record of the Operator, who will receive the Permit.
- e. Proof that the Operator is licensed to practice dentistry in the State of Arkansas.

2. Requirements for Operator:

- a. The official business address (which will not be a Post Office Box and must be within the State of Arkansas.) The Operator must be associated with an established non-Mobile Dental Facility which shall have an official business address on record with the Arkansas State Board of Dental Examiners.
- b. The official telephone number which is accessible 24 hours per day and have a 911 capability.
- c. Copies of all written printed documents utilized by the Mobile Dental Facility which shall contain the official business address and telephone number of record for the Mobile Dental Facility.
- d. Proof of X-ray/Radiation Producing Equipment Permit.
- e. Autoclave spore test results.

3. Written Procedure for Emergency Follow-Up Care for Patients Treated in the Mobile Dental Facility:

- a. The name of the licensed dentist located within a 50 mile radius of the location where the services are to be provided by the Mobile Dental Facility, who will provide follow-up or emergency care. If a qualified dentist is located in the area and the licensed dentist has agreed to provide the follow-up care, a statement should be provided from the dentist showing he agrees to provide the same.

-OR-

- b. An affirmative statement of the Operator, that if there is not a qualified dentist in the area who has agreed to provide follow-up care, stating the procedure set forth and distributed by the Mobile Dental Facility to the patients on where to go to the "Established Dental Practice" of

the Operator or any other facility that has agreed to provide the follow up care.

4. Communication Facilities within the Mobile Dental Facility:

- a. The Operator must be able to contact necessary parties if a medical or dental emergency occurs.
- b. A copy of the document given to the patient so that the patient or parent or guardian of the patient, treated in the Mobile Dental Facility, will know who to contact for emergency care, or follow up care, or for information about treatment received.
- c. Copy of the information given to any provider, who renders follow up care, so that the follow up provider may contact the Operator, and receive treatment information, including without limitation, radiographs.

5. Driver of Mobile Dental Facility

The Driver of the Mobile Dental Facility must provide the following to the Arkansas State Board of Dental Examiners:

- a. The name, address, and telephone number of the driver.
- b. A copy of the Driver's License of the driver.
- c. A copy of the Motor Vehicle Registration of the Vehicle.

6. Informed Consent of a Minor by a Parent or Guardian - Informed Consent shall contain:

- a. Whether the prospective minor patient received dental care from a licensed dentist in the previous year.
- b. The name, address and telephone number of the dentist and "dental home" as defined by statute used by the patient in the past.
- c. Additional forms attached to the informed consent form reflecting the Operator's attempts to contact the dental home by phone, facsimile or electronic mail to notify the "dental home" of the minor's interest in receiving dental care from the Mobile Dental Facility and the Operator; and further to state on the worksheet that if the minor has an appointment in his "dental home", the Operator has encouraged the minor or his parent/guardian to seek care from the "dental home"; and space on the form for the patient to sign off, that in fact they have been informed of the same.
- d. The signed informed consent shall document that the parent/legal guardian understands that the prospective patient may choose at any time to seek care from the prospective patient's "dental home" rather than the Mobile Dental Facility.

7. Informed Consent for Adults

An informed consent form for adult patients must be provided to and signed by the patient, reflecting that the patient has been made aware and

understands that he may choose at any time to receive care from his or her "dental home" rather than from the Mobile Dental Facility.

8. Informed Consent for Incapacitated Person

An informed consent form must be provided to and be signed by the legal guardian of an incapacitated person before receiving dental treatment. The form must be signed by the legal guardian, giving the name and address of the guardian. The informed consent for the guardian must reflect that the guardian understands that he may choose, at any time, to have the patient receive care from his or her "dental home" rather than from the Mobile Dental Facility.

9. The Log or Record Reflecting Locations of Treatment Must Contain:

- a. The street address of where services have been rendered.
- b. The dates of each session.
- c. The number of patients served.
- d. The types of dental service provided, and the quantity of each service provided.

10. Information Given to Patient:

A copy of information that must be given to the patient at the conclusion of the treatment must contain the following:

- a. The name of the dentist or dental hygienist or both who perform services.
- b. A description of the treatment rendered, including without limitation the billing service codes and fees.
- c. The tooth numbers when appropriate.
- d. The name, address and telephone number to whom the patient was referred for follow up care and the reason for the referral.
- e. The name, address and telephone number of the parent or guardian of the patient if applicable.

11. The Mobile Dental Facility at a Minimum Will Contain the Following:

- a. Ready access by ramp or lift.
- b. A properly functioning sterilization system.
- c. Ready access to an adequate supply of potable water, including hot water.
- d. Covered, galvanized, stainless steel, or other non-corrosive container for deposit of refuse and waste materials.
- e. Ready access to toilet facilities.

- f. Proper dental facilities for the type of dental procedures that will be rendered to patients.
- g. Automated External Defibrillators
- h. Smoke and carbon dioxide detectors.

Article XVIII

MOBILE DENTAL FACILITIES

Pursuant to ACA 17-82-601 et seq, the Arkansas State Board of Dental Examiners hereby promulgates these rules to implement the practice of dentistry in mobile dental facilities.

A. Definitions

1. MOBILE DENTAL FACILITY

A self-contained, intact facility in which dentistry and dental hygiene are practiced and that may be moved, towed or transported from one location to another. For purposes of this Article, a mobile dental facility does not include dentistry provided using portable equipment.

2. OPERATOR

An individual licensed to practice dentistry in Arkansas. An operator of a mobile dental facility may contract with or employ other dentists, dental hygienists licensed in Arkansas and may hire Registered Dental Assistants, Certified Dental Assistants, dental assistants, laboratory technologists and other personnel as needed. Each mobile dental facility can have only one operator. One operator may hold permits for more than one mobile dental facility but each facility must have its own permit.

3. DENTAL HOME

A licensed primary dental care provider who has an ongoing relationship with a patient where comprehensive oral health care is continuously accessible, coordinated, family-centered and provided in compliance with policies of the American Dental Association beginning not later than one year of age.

4. COMPREHENSIVE DENTISTRY

A mobile dental facility that accepts patients and provides preventive treatment including examinations, prophylaxis, radiographs, fluoride treatments and sealants but does not follow up with treatment when such treatment is clearly indicated is considered to be abandoning the patient. A comprehensive treatment plan must be established for each patient treated in the mobile dental facility. Treatment that cannot be completed during the initial visit must be scheduled at intervals no greater than ninety (90) days apart until the treatment plan is completed or the patient chooses to cease treatment. Arrangements must be made for treatment either by the operator, a licensed specialist or other licensee who agrees to provide follow up care. If such arrangements are not made, the operator will be construed to have committed unprofessional conduct by patient abandonment and be subject to disciplinary action by the Board. **EXCEPTIONS:** Dental services provided in mobile dental facilities by students, faculty or volunteers in programs sponsored by CODA accredited dental, dental hygiene or dental assisting schools may be limited in scope and are exempt from the requirement that comprehensive dentistry be provided.

5. INFORMED CONSENT

A document informing the patient of all proposed dental treatments, risks involved and alternative treatments available which must be signed by the patient or parent/guardian of any minor or incapacitated person before dental services can be provided in a mobile dental facility. This form must meet all the elements described in Section D. 2. of this rule. Written consent must be obtained for the initial visit for diagnostic and preventive services. After the

treatment plan is developed, a second consent, either in written form which is signed by the patient, parent or guardian or a recorded verbal consent from the patient, parent or guardian must be obtained before additional dental services are performed on the patient.

6. ACTIVE PATIENT

Any person who received any level of dental care in a mobile dental facility within the preceding twenty-four months.

B. Physical Requirements

All mobile dental facilities must comply with all applicable federal, state and local laws, regulations and ordinances including but not limited to those concerning radiographic equipment, flammability, construction, sanitation, zoning, infectious waste management, universal precautions, OSHA guidelines and federal Centers for Disease Control guidelines, all rules and regulations of the Board. The operator must possess all applicable county, state and city licenses or permits to operate the unit at the location where services are being provided. Further, each mobile dental facility must have the following functional equipment:

1. Ready access to a ramp or lift.
2. Sterilization system.
3. Potable water including hot water.
4. Ready access to toilet facilities.
5. Covered, non-corrosive container for deposit of waste materials including biohazardous materials.
6. Automated External Defibrillators.
7. Radiographic equipment properly registered and inspected by the Arkansas Department of Health.
8. Communication device available 24 hours per day, 7 days per week and capable of both making and receiving calls as well as the ability to contact emergency services, i.e. ambulance, police, fire stations, etc.
9. Smoke and carbon dioxide detectors.

C. Documentation and Records Requirements

1. All written, printed or electronic materials must contain the official business address (not a PO Box) and telephone number.
2. When not being transported to or from a treatment site, all dental and office records must be maintained at the official office business address.
3. All records must be available to the Board upon request and the cost of providing records is born by the mobile dental facility.
4. All patient records must be made available to patients wishing to transfer care to another provider and to the later treating dentist(s).

D. Information to Patients

1. **Display in facility**
 - a. The license (or a photocopy of the license) of each dentist or dental hygienist working in the mobile dental facility shall be prominently displayed in the facility.
 - b. The permit to operate the mobile dental facility shall be prominently displayed in the facility.

2. Consent Forms

A consent form must be obtained prior to the provision of any dental service in a mobile dental facility. The form must be signed by the patient or by a parent or guardian if the patient is a minor or an incapacitated person. Written consent forms are required for the initial visit for diagnostic and preventive services. Consent for subsequent treatment may be written or verbal providing that the verbal consent is recorded and stored as a part of the dental record.

A consent form must include at a minimum:

- a. Name of dentist providing the service.
- b. Permanent office address.
- c. Telephone number that is available 24 hours per day for emergency calls.
- d. Service(s) to be provided.

If the patient is a minor, the consent form must also contain the following questions and statement:

- Has the child had dental care in the past twelve months? ☐ Yes ☐ No
- If yes, please list the name and address of the dentist or dental office where the care was provided. _____
- Does the child have an appointment scheduled at the dental home?
☐ Yes ☐ No
- "I understand that I can choose to have any or all dental treatment for my child at the dental home. I understand that all dental care provided by my dental home or a mobile dental facility may affect future benefits that the child may receive from private insurance, Medicaid (Arkids) or other third party provider of dental benefits."

If the patient is an adult, the consent form must be signed by the patient and contain the following statement:

- "I understand that I may choose at any time to receive care from my dental home rather than from the mobile dental facility."

If the patient is an incapacitated person, the form must be signed by the patient's legal guardian and contain the following statement:

- "I understand that I may choose at any time to take the patient to his/her dental home for dental care rather than from the mobile dental facility."

3. Post-care Information to Patients

Each person receiving dental care in a mobile dental facility must receive an information sheet at the end of the visit. The information sheet must contain:

- a. Name of dentist or dental hygienist who provided the service.
- b. Telephone number and/or other emergency contact number.
- c. Listing of treatment rendered including, when applicable, billing codes, fees and tooth numbers.
- d. Description of treatment that is needed or recommended.
- e. Referrals to specialists or other dentist if mobile facility is unable to provide the necessary treatment.
- f. Consent form or a recorded, verbal consent for additional treatment or altered treatment plan when applicable.

E. Permit Requirements

1. Complete required application forms provided by the Board.
2. Pay fee of \$5,000.00 as set by Arkansas Code 17-82-602.
3. The operator must be a dentist licensed in Arkansas.
4. List all dentists and dental hygienists who will be providing care in the mobile dental facility complete with their name, address, telephone number and license number.
5. The official business address (not a PO Box) where patient records including radiographs are maintained and available for inspection and copying upon request by the Board.
6. Communication device available 24 hour per day, 7 days per week and capable of both making and receiving calls as well as the ability to contact emergency services, i.e. ambulance, police, fire stations, etc.
7. Written procedure for emergency follow-up care for patients treated in the mobile dental facility which must include:
 - a. Arrangements for treatment in a dental facility that is permanently established in the area where services are provided (50 mile radius) OR
 - b. A statement that follow-up care will be provided through the mobile dental facility or at the operator's established dental practice location in this state or at any other established dental practice in this state that agrees to accept the patient.
8. List of dentists who have agreed to provide follow up care as indicated in Section E., 7.I, b. of this rule. A signed statement from each dentist agreeing to provide follow up care must be provided with the application.
9. Evidence of radiographic equipment registration and inspection by the Arkansas Department of Health.
10. Signed statement that all required physical equipment is present and functioning properly. A checklist of these items will be a part of the application.
11. Copy of the driver's license of any person who will be driving the mobile dental facility.
12. Proof of general liability insurance from a licensed insurance carrier for at least one million dollars (\$1,000,000.00).
13. Name of established non-mobile dental facility with which the mobile facility is associated.
14. Be inspected by the Board or the Boards designee prior to the start of operation.

F. Annual Report

An annual report for the previous year must be submitted to the Board by January 10th of each calendar year, which must include:

1. List of all locations (street address, city, state) where mobile dental services were provided.
2. Dates when services were provided.
3. The number of patients treated during the year.
4. The types of services provided and quantity of each type of service:
 - a. Preventive - # of patients receiving preventive services.
 - b. Restorative - # of fillings, stainless steel crowns, fixed prosthetics provided, space maintainers.
 - c. Surgical - # of teeth extracted and other surgical procedures performed.
 - d. Endodontic - # of root canal therapies, pulpotomies provided or # of patients referred for endodontic services.
 - e. Periodontal - # of patients receiving periodontal services or referred for periodontal services.
 - f. Prosthetics - # of removable prostheses provided or # of patients referred for prosthetic services/Report may reflect "not applicable" if services are limited to children under the age of 18.

- g. Other - # of other services provided that do not fall into the above standard categories.

G. Notification of Changes

1. The Board must be notified within 10 business days of:
 - a. If the mobile dental facility is sold.
 - b. Any change relating to dentists to whom patients are to be referred for follow up care.
 - c. Any change in the procedures for obtaining follow up or emergency care.
 - d. Any changes of operator.

2. The Board must be notified within 15 business days of:

Any change of dentists or dental hygienists providing dental services in the mobile dental facility.

3. The Board must be notified within 30 business days of:
 - a. Any change of official business address or telephone number.
 - b. Cessation of operation.

H. Supervision of Personnel and Delegation of Duties

1. Dental assistants must only work under the personal or direct supervision of a dentist as provided in Article XVII of these rules.
2. Dental hygienist must only work under the direct or indirect supervision of a dentist as provided in Article XI of these rules but may not work under general supervision in a mobile dental facility in accordance with Arkansas Code 17-82-603 (i).

I. Cessation of Operation

1. The Board must be notified within 30 days of the cessation of operation of any mobile dental facility.
2. Patients must be notified in writing or publication once a week for three consecutive weeks and a copy of the notice provided to the Board.
3. Arrangements must be made for the transfer of records for all patients including radiographs or copies thereof to succeeding practitioners or at the written request of the patient, to the patient or a dentist of the patients' choosing.

Approved November 20, 2009.